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	Cits are required to respond to a conscion or information unitage it displays 3 valo OMB control number.
_ 10/58/905	
a. X A check in the amount of \$ 540.00	to cover the above fees is enclosed.
b. Hease charge my Deposit Account No	in the amount of \$ to cover the above fees.
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any everyownent to Deposit Account No	
d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on P10-2088.	
NOTE: Where an appropriate time limit under 97 CFR 1.495 has not been met, a petition to rovive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.	
SEND ALL CORRESPONDENCE TO:	SIGNATURE Norman M. Cameron NAME 28,583 REGISTRATION NUMBER

J0202